

Application Data Sheet

Application Information

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| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Computer Readable Form (CRF)?:: | No |
| Title:: | METHODS AND COMPOSITIONS FOR TREATING ECTOPARASITE INFESTATION |
| Attorney Docket Number:: | 042644-0303 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 0 |
| Small Entity?:: | Yes |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

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|-------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | William R. |
| Family Name:: | Campbell |
| City of Residence:: | Jamestown |

State or Province of NC
Residence::
Country of Residence:: US
Street of mailing address:: 4849 Harvey Rd.
City of mailing address:: Jamestown
State or Province of mailing address:: NC
Postal or Zip Code of mailing address:: 27282

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kathleen G.
Family Name:: Palma
City of Residence:: McLeansville
State or Province of Residence:: NC
Country of Residence:: US
Street of mailing address:: 815 Cliff Drive
City of mailing address:: McLeansville
State or Province of mailing address:: NC
Postal or Zip Code of mailing address:: 27301

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Neil E.
Family Name:: Paulsen

City of Residence :: Davidson
State or Province of NC
Residence::
Country of Residence:: US
Street of mailing address:: 864 Southwest Drive
City of mailing address:: Davidson
State or Province of mailing NC
address::
Postal or Zip Code of mailing 28036
address::

Correspondence Information

Correspondence Customer Number:: 30542
E-Mail address:: PTOMailSanDiegoNorth@Foley.com

Representative Information

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|--------------------------------|-------|--|
| Representative Customer | 30542 | |
| Number:: | | |

Domestic Priority Information

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|----------------------|--------------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent | Parent Filing |
| | | Application:: | Date:: |
| This Application | Division of | 10/136,075 | 04/29/2002 |

Foreign Priority Information

| Country:: | Application number:: | Filing Dat :: | Priority Claimed:: |
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Assignee Information

Assignee name::

Piedmont Pharmaceuticals, LLC